

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90158 008 ***550.00

DOCUMENT # F97000002603

1. Entity Name

Business Loan Center, Inc.

Principal Place of Business

Mailing Address

B0064944

2. Principal Place of Business

645 Madison Avenue

Suite, Apt. #, etc.

19th Floor

City & State

New York NY

Zip

10022

Country

USA

3. Mailing Address

645 Madison Avenue

Suite, Apt. #, etc.

19th Floor

City & State

New York NY

Zip

10022

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

133568801

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

United Corporate Services, Inc.
 9200 South Dadeland Blvd.
 Suite 508
 Miami, FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
 (See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001, Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	☐ Delete
NAME	Robert F. Tannenhaus	
STREET ADDRESS	645 Madison Ave. 19th Floor	
CITY-ST-ZIP	New York NY 10022	
TITLE	T	☐ Delete
NAME	Jennifer Goldstein	
STREET ADDRESS	645 Madison Ave 19th Floor	
CITY-ST-ZIP	New York NY 10022	
TITLE	S	☐ Delete
NAME	David Reagener	
STREET ADDRESS	645 Madison Ave 19th Floor	
CITY-ST-ZIP	New York NY 10022	
TITLE	P	☐ Delete
NAME	Leonard Rudolph	
STREET ADDRESS	645 Madison Avenue 19th Floor	
CITY-ST-ZIP	New York NY 10022	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/01

Date

312-751-5626

Daytime Phone #

CR2E034 (1/00)